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ABSTRACT

To more fully understand how attitudes toward death and dying develop and change across the lifespan, 90 male and female subjects between the ages of 2 and 18 years and 90 male and female subjects between the ages of 18 and 97 were administered questionnaires and interviews about dying. The results revealed that children's attitudes were influenced by variables such as level of cognitive development, experience with death, socialization, and instruction. Young children reported an imaginative range of views about forms of possible afterlife. Adolescents included recognition of environmental, ecological, and psychological causes of death and were concerned about the effects of personal death on family members and friends. Adolescent views of an afterlife reflected traditional socialization. Attitudes of adults were influenced by variables such as gender differences, environmental factors, generational differences, experience with death, aging, and interaction effects. Widows and widowers who had developed individual survival skills, psychological coping strategies, and extended social support networks reported less distress than did unprepared subjects following the death of a spouse. While aging or maturation alone appeared to be systematically unrelated to overt death anxiety, adults did seem to maintain an ambiguous attitude regarding death throughout the lifespan. (Author)

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Lifespan attitudes toward death

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CG 020352

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Abstract

To more fully understand how attitudes toward death and dying develop and change across the lifespan, ninety male and female subjects age 2 through 18 years and ninety adult male and female subjects age 18 through 97 years were administered questionnaires and interviews as appropriate. Results revealed that children's attitudes were influenced by variables such as level of cognitive development, experience with death, socialization and instruction. Young children reported an imaginative range of views about forms of possible afterlife. Adolescents included recognition of environmental, ecological, and psychological causes of death and are concerned about the effects of personal death on family members and friends. Adolescent views of an afterlife reflected traditional socialization. Attitudes of adults were influenced by variables such as gender differences, environmental factors, generational differences, experience with death, aging, and interaction effects. Widows and widowers who had developed individual survival skills, psychological coping strategies, and extended social support networks reported less distress than unprepared subjects following death of a spouse. While aging or maturation alone appear systematically unrelated to overt death anxiety, adults did seem to maintain an ambiguous attitude regarding death throughout the lifespan.

The scientific study of attitudes toward death has a relatively recent origin considering the universal and ageless nature of the human experience with death. Researchers have generally focused on a developmental approach with recognition of the importance of cognitive, emotional, experiential, and cohort effects. Some researchers have attempted to delineate chronological development in attitudes toward death. Overt similarities within age groups may conceal vast individual variations fostered by individual experience, media exposure, psychological, intellectual, and emotional development, or personal experience with terminal illness. Within these limitations, certain consistencies in the development of understanding the death concept can be observed.

Maria Nagy (1948) observed children in post World War II Hungary and delineated age-related stages in understanding. She reports that the child younger than age 5 often understands death as a separation and may include the qualities of reversibility and animism. Anthony (1940) finds that young children believe in the impermanence of death as shown in the ideas of rebirth and reincarnation. Nagy further suggests that between the approximate ages of 5 to 9 years, children may show concrete understanding of the causes of death and recognize its permanent nature. They may personify death and fear mutilation and pain in the physical body. Older child develop an understanding of the permanence and universality of the death experience and realize their own inevitable mortality.

Koocher (1974) suggests the progression is related to stages in cognitive development. The child may pass sequentially through the stages of cognitive or intellectual development described by Piaget (1973). During the sensory-motor period (birth to approximately 2 years) the child acquires the concepts of object permanence and mental representations of environmental events. During the preoperational stages (approximately 2 to 7 years), the child passes through the preconceptual subperiod characterized by marginal omnipotence, egocentrism, and animism with intentionality into the prelogical subperiod which involves a gradual decentralizing of the self and discovery of problem-solving strategies and causal relationships. A child in the stage of concrete operations (approximately 7 to 12 years) can manipulate experiences symbolically and apply logic in understanding concrete ideas. An adolescent in formal operations can use deductive and inductive reasoning, logically analyze abstract ideas and experiences, and think about hypothetical and complex topics.

The application of these stages of cognitive development in terms of development of a concept of death has anecdotal support for the sensorimotor period (Kastenbaum, 1977) in which the child can differentiate the qualities of animate and inanimate. Wass (1984) suggests that during the preoperational period death is viewed as reversible, as sleep, or as a departure; the concrete operations child acquires the quality of irreversibility and shows understanding of the physiological correlates accompanying or causing the event; the formal operations child demonstrates a concept of death as irreversible and universal, and may show evidence of physiological, philosophical, and

theological explanations as part of their cognitive schemata of death.

From late adolescence on through the lifespan, the most pervasive American view of death is as the final process of life. Middleton (1936) measured certain attitudes and beliefs toward death among college students and found that the majority think of their own death rarely or occasionally. When they do think of death it is usually because of events such as depressive moods, recent exposure to deaths and funerals, personal danger during illness, and social occasions such as birthdays which focus attention on the passing of life's time. The majority expressed a desire to "live after death", and 66% reported a personal belief in an afterlife of some kind. Most indicated that even if there were no afterlife, their style of living would not appreciably change.

Shneidman (1971) found that contemporary college students incorporate the concept of death as an aspect of life. The most upsetting quality of the death experience was the resultant inability to have any experiences. In this view, death means the end of consciousness. Only 30% of these respondents indicated belief in an afterlife. Stricherz and Cunningham (1981) indicated that college students had greater concern than did other persons over losing people they cared for, death as finality, and possible punishment after death.

Modern young adults have low death rates and little direct experience with death. The impetus of adolescence and young adulthood is preparation for adult life. Young adults are often assuming their adult privileges and responsibilities in career, marriage, parenthood,

and other social roles. According to Pattison (1977), young adults who are suddenly taken ill or injured are more intensely emotional about their terminal condition than are people at other points in the life cycle. The young adult may be able to avoid thinking about the possibility of one's own death or the death of loved ones through the protection of youth, health, affluence, energy, and expanding social roles and influence. They are concerned about pain in dying and dying before they are ready (Stricherz and Cunningham, 1981). As Kastenbaum and Aisenberg (1976) indicate, much adult thought about death is basically evasive. These attitudes may be in effect through the lifespan and shape the pattern of personal and interpersonal adaptation. In many families the spouses do not discuss practical and emotional issues created by the fact of death before the event occurs.

For many Americans, an inner knowledge of one's own mortality develops in middle age. The deaths of parents, somatic and visceral cues indicating changes in energy level and relative health, deaths in family and community groups, changes in social roles and self image contribute to the realization that, in fact, "I will die" after all. How a person responds to the realization of terminality may be dependent upon the relative effects of the level of cognitive development, beliefs, motivation and self esteem, emotional maturity, and one's subjective sense of the meaningfulness of one's life.

Bengston, Cuellar, and Ragan (1975) indicate that elderly people are less anxious about death than are the middle aged. The aged are in the time of their lives in which death is the natural conclusion. Many have engaged in a form of life review, seeking to evaluate the events and quality of their lives, and seek to put failure experiences

in perspective with successes. Frankl (1965) proposed that the greater the sense of purpose and meaning in people's lives, the less they feared death; this thesis was experimentally validated by Durlak (1973). The amount of reported death fear has been found to vary in relation to variables such as overall physical and psychological health and amount of social integration (Wass, Christian, Myers, and Murphey, 1978-1979).

The influence of sex-role socialization on death attitudes has been reviewed by Stillion (1985). In brief, socialization toward traditional American sex-roles has little impact on infants and young children but acquires more salience in adolescence and maturity. Females tend to report more death anxiety while males of corresponding ages deny it. Females tend to report more emotionally depressive and religious feelings than males. However, males have a higher death rate from general causes, higher rates of suicide and homicide, and are more frequently involved in accidents. Among the elderly, some sex differences in style of expression or repression of death anxieties are noted, although there seems to be a decline in the overall fear of death as quality of life and health decline.

Maurer (1975) suggests that men and women may have a different relation to the issues of life and death for biological, social, and experiential reasons. Women bring forth and nurture new life and have historically provided much nursing care for the injured, the ill, and the dying members of the social group. For many men, death was an action aimed at providing animal food or protection from an adversary. For women, death was not a victory but a process resulting in loss, suggesting an intimate contemplation of mortality. Although wide

individual variation exists in relation to death experience, some social and gender differences in experience may have historical precedent.

Widowhood is the predominant life style for aged women because of biological resiliancy, the social pattern of men marrying women younger than themselves, and the high proportion of surviving elderly women compared to elderly men which limits the availability of remarriage partners. The transition from married to widowed status may pose personal, familial, and social problems as evidenced in the higher rates of mortality, mental problems, and suicide among survivors.

Statement of the Problem

The purpose of this project was to investigate attitudes toward death in a cross-sectional sample obtained from subjects of all ages across the life-span. It was hypothesized that possible differences may be systematically related to factors such as age, gender, socio-economic status, general health, religiosity, and prior experience with death.

Method

Fifty four male and thirty six female subjects equally distributed in the age categories from 2 to 18 years completed an interview (adapted from Koocher, 1974) which asked the following items. What makes things die? How do you make things come back to

life? When will you die? What will happen when you die? What happens after you die?

Ninety adult volunteer subjects, five males and five females in each age category from 18-20, 20-24, 25-29, 30-34, 35-39, 40-49, 50-59, 60-64, and 65 or more years completed a 62 item questionnaire which sampled attitudes toward death and dying issues. See Appendix One: Adult subject demographic information for a list of subject descriptors.

It should be noted that the present sample came primarily from an academic community, were predominantly Caucasian, and tended to represent a higher socioeconomic level of achievement, education, and income than the general population. In addition, it is too small of a sample to be representative of the American population. As Shneidman (1971) noted with a subject pool of similar characteristics, these subjects collectively represent the "cutting edge" of American trends and ideas. Thus, some cautious generalizations to American population trends in death concerns can be made.

Results

Children sample

Children age 2 had difficulty answering the questions. The predominant responses were "don't know" although they knew that shooting deer made them die and that when a person died they went to bed.

Children age 3 to 7 years showed cognitive progression in the causes of death, ranging from driving too fast, bad guys on television, eating grass, falling down, and guns, to illness, advanced age, the Army, and God, as well as other specific causes. The ways to make things come back to life included providing food and water and leaving them in the sun, waiting a long time, providing medical care, hugging them, putting them in the ground so they can come back as trees, waiting until they get to heaven, and recognition that one does not come back to life. They expect to die when they get old, get sick, estimate a particular age (from 15 to 106), or will die when God tells them to die. When they die they expect to go to the hospital, get put underground, go to bed, have a funeral where everyone cries, go to sleep forever, be put in a coffin but the spirit will go to God, have a stone put on their head, and dissolve. What happens after they die involves going to heaven where angels have fun, only having a spirit, becoming a star, angels bringing one to God, getting cold and feeling lonely, "you are all gone and nobody sees you, you can turn over in your box", rot in the ground because the bugs get to the body, and "don't know". Age itself was not a good predictor of logical progression of ideas. The most mature subject in this age range was a 4 year old female, and the subject with the most pronounced reversibility conception was a 7 year old male.

Children 8 to 12 years listed a wide range of physical causes of death, including but not limited to advanced age, disease, murder, suicide, cancer, the failing of organs, poison, guns, radiation, heart attacks, starvation, accidents, drugs and alcohol, gamma rays, and not being able to eat or drink. People don't come back to life, or they

get medical treatments such as CPR, magic brings them back, or they live on in heaven or are reincarnated into animal form or only exist on in people's imagination and memories. They estimate they will die at some specific age (75 to 100 years), or they will die when they are in an accident or are killed, when they die of disease or when the body cannot keep them alive any longer. When they die they will have the traditional funeral and be buried. They speculate on whether the body will simply decompose, whether they will go to heaven (some have their doubts about heaven or hell as the final destination by now), whether they will be taken up to the clouds and see angels. Some simply don't know what, if anything, happens after death. "I'll either just stop or some sort of afterlife will begin; either way, other people will lead their regular lives."

Adolescents list all the previously mentioned concrete causes of death but included more items of an environmental or psychological nature. They recognize that people may die in nuclear catastrophe, as a consequence of global environmental pollution or ecological disruption, or as an effect of losing one's will to live. People do not return to life except through medical intervention, miracles, or resurrection. They will die when they are old (61 to 98 years, median age 72), when it is their time, when God wills it, when the bombs drop, or when they are ready. They describe the processes of body disposition and memoralization accurately, but include many more references to the effect of their deaths on family members and friends than did younger subjects. They include discussion about grief and mourning rituals and legal matters such as inheritance. The beliefs about what happens after death includes heaven, hell, purgatory,

ceasing to exist as a conscious entity, reincarnation into human form with little memory of the previous life, achieving permanent relaxation and bliss, eternal life in some form, and "don't know".

A wide range of responses was present in the sample independent of simple chronological age or gender. The nonparametric Mann-Whitney U-Test employing alpha=0.01 two-tailed indicated both male and female subjects were drawn from a population with a similar distribution. The major distinguishing factor between the ages was the adolescent's concern with the impact of personal death on relevant others.

Adult sample

The responses to specific items surveyed can be seen in Table 1: Adult sample questionnaire results.

Table 1: Adult sample questionnaire results.

1. First personal involvement with death:
   - 51%...death of a grandparent or great-grandparent.
   - 12%...friend or acquaintance.
   - 11%...a parent.

2. Adult subjects reported they became aware of death at age:
   - 49%...5 to 10 years old.
   - 37%...3 to 5 years old.

3. Death was talked about in the family:
   - 34%...openly.
   - 24%...not at all.
   - 23%...only when necessary and with an attempt to exclude children.
   - 18%...with evident discomfort.

4. The childhood conception of death was:
   - 41%...heaven and hell.
   - 20%...death was sleep.
   - 11%...belief in an afterlife.

5. Present attitudes toward death had been influenced by:
   - 32%...the death of someone close.
   - 26%...religious upbringing.
   - 18%...introspection and meditation.

6. Approximately 75% agreed that religion had a significant role in the development of attitudes about death.

7. Belief in life after death:
   69%...believe in a life after death.
   26%...tended to doubt the existence of an afterlife.
   2%....convinced of the absence of afterlife.

8. Regardless of belief, the wish about life after death was:
   68%...wished there were an afterlife.
   26%...were indifferent.
   4%....preferred there not be a life after death.

9. Belief in a reincarnation:
   49%...doubt the existence of reincarnation or are convinced it cannot occur.
   30%...believed in some form of reincarnation.
   16%...were uncertain.

10. What does death mean to you?
   46%...death marks the transition to a new beginning.
   17%...terminates the present life but includes survival of the spirit.
   16%...death is the end, the final process of life.
   8%....death allows a joining of the spirit with a universal cosmic consciousness.
   8%....they simply do not know what death means.

11. How often do you think of your own death?
   55%...occasionally.
   20%...frequently.
   12%...no more often than once a year.
   2%....at least once a day.
   1%....less than once a year or never.

12. Have you been in situations in which you might have died?
   51%...yes, seriously thought they might die.
   26%...have never been in a life-threatening situation.
   18%...have been in such situations several times.

13. When you think of your own death, how do you feel?
   34%...feel resolved in relation to life.
   22%...report pleasure in being alive.
   13%...feel fearful.

14. What is your orientation to your own death?
   51%...death-acceptor.
   33%...death-postponer.
   10%...death fearer.

15. If you could choose when you die:
    69%...want to die in old age.
    18%...would never die.
    11%...would die just after the prime of their life.
    1%....selected the middle prime of their life.
    1%....would prefer to die in youth.

16. When do you believe you will die?
    79%...in old age.
    10%...just after the prime of life.
    8%....in the middle prime years.
    2%....believe they will never die.

17. Have you ever wanted to die?
    48%...never.
    The rest had wanted to die in certain circumstances:
    27%...because of great emotional pain.
    15%...to escape an intolerable social or interpersonal situation.
    6%....because of great physical pain.
    4%....for other reasons.

18. If given a choice of preferred death:
    53%...want a quiet and dignified death.
    29%...prefer a sudden but not violent death.
    12%...suggest there is no appropiate death.

19. If it were possible to know the exact date of one's own death, 84% would rather not know. However, if a physician knew of one's terminal condition with a limited time left to live, 84% would want to be told.

20. Similarly, 70% suggest that the efforts made to keep a seriously ill person alive should be reasonable for that person's age, physical condition, mental condition, and pain level, and then they should be allowed to die a natural death. Eighteen percent believe that a seriously ill person should not be kept alive by elaborate means; nine percent believe that all possible measures should be used.

21. When asked their opinion of the age at which people are most afraid of death:
    36%...suggested middle age.
    14%...in adolescence.
    12%...in old age.
    11%...in young adulthood.
    11%...in childhood.

22. Seventy-six percent are interested in having their image survive after death through children, good works, books, or other social contributions.

23. Can psychological factors influence or even cause death?
    77%...yes.
    19%...are undecided.

24. Asked for whom or what subjects would be willing to sacrifice their lives:
62% would lose their lives for a loved one.
18% would in an emergency where a life could be saved.
8% would not sacrifice their own lives for any reason.

25. How often have you seriously contemplated suicide?
69%...never.
34%...on rare occasions or once in a while.
4%....think of it very often.

26. Have you ever attempted suicide?
89%...never.
6%....yes, with a low probability of death.
2%....yes, with a moderate to high probability of death.

27. Speculation on reasons which might motivate one to commit suicide:
25% suggested fear of insanity.
17% said lonliness or abandonment.
11% said atomic war.
10% selected it as a way to get even or hurt someone.

28. For body disposition after death:
47% would prefer burial.
32% want cremation.
11% are indifferent.
8% want to donate their bodies to medical school or science.

29. The preferred funeral was:
39%...small with relatives and close friends only.
33%...whatever the survivors want.
17%...want a formal community service.

30. The majority (68%) believe it is important to have mourning and grief rituals such as wakes and funerals.

31. However, of the practice of "lying in state" in an open casket at the funeral:
49%...disapprove.
23%...approve.
28%...do not care.

32. Funerals were very much overpriced in modern America according to 71%, and they suggested that a reasonable price for a funeral was:
37%...$300 to $900.
22%...$900 to $1500.
19%...under$300.
17%...$1500 to $3000.

33. Of the sample, 54% have not yet made out a will but intend to; 41% have already done so. Fifty-seven percent believe in life insurance and have it, and another 26% plan to acquire some.

Crosstabulation of significant results by gender indicated the following. Males tended to doubt the existence of reincarnation and females were more inclined to believe in it (alpha=0.067, df=5). For males, death was the end of life; females indicated death was the beginning of life after death (alpha=0.0376, df=5). Males were predominantly death-acceptors, females were both death-acceptors and death-fearers (alpha=0.0163, df=5). Most males had never attempted suicide, females had either never made an attempt or had made a suicide attempt with a low probability of successful death (alpha=0.0707, df=3). Males would prefer to die first and have their spouse outlive them, females would prefer to die second (alpha=0.0496, df=2).

Crosstabulation of significant results by age indicated that religion had a very significant role in the formulation of attitudes toward death for people age 20-24, 60-64, and 65 or more (alpha=0.0916, df=32). People of age 18-20, 20-24, and 40-49 had been in situations where they might die once or twice, while people of more than 65 years were more likely to indicate they had never been in such situations (alpha=0.0189, df=24). Subjects of ages 65 or more, 50-59, 60-64, and 18-20 said their attitudes toward death had not been affected by narcotic or hallucinogenic drugs because they had never taken drugs (alpha=0.0026, df=16). People aged 30-34 and 65 or more preferred a small funeral with relatives and close friends only in

attendehce (alpha=0.0779, df=32). The opinion that funerals should be priced in the range of $300 to $900 was most prevalent for people in the age ranges of 25-34, 40-49, and 65 or more (alpha=0.0706, df=32). Subjects aged 20-34 had not yet made out a will but intended to do so some day (alpha=0.00001, df=48).

Crosstabulations of significant results by gender and age indicated the following interaction effects. If one could choose when one died, females age 20-24 years would never die (alpha=0.0357, df=2). The predominant reason males age 30-34 would have wanted to die was for emotional pain; females of the same age indicated the reason was embarrassment (alpha=0.0562, df=2). When thinking of one's own death, males age 25-29 years feel pleasure in being alive while females feel resolved in relation to life (alpha=0.0186, df=3). Females of the ages 35-39 and 60-64 years indicated they were death-acceptors, males of the same ages shifted from death-postponers to death-welcomers (alpha=0.0293, df=3). Men age 25-39 tended to view mourning and grief rituals as somewhat important and women viewed them as extremely important (alpha=0.0334, df=4); however, women of age 65 or more years indicated grief rituals were not very important at all (alpha=0.0293, df=3). Elderly men tended to prefer burial, elderly women preferred cremation (alpha=0.0498, df=2). On the issue of lying- in-state at one's funeral, males age 50-59 disapprove and females do not care (alpha=0.0620, df=3); males age 65 or more approve of the practice but females strongly disapprove (alpha=0.0947, df=3). Males age 65 or more have never seriously contemplated suicide, but females have considered it as an option once in a while (alpha=0.0764, df=2). Females age 60-64 strongly believe in life insurance and have

a policy, males of the same age vary considerably (alpha=0.1084, df=2).

Widow and widower responses to the open-ended question regarding what factors were important in adjusting to the death of a spouse suggested the following. The grief work necessitated by the death of a spouse generally involved the practical and emotional adjustment to the death, the process of body disposition and memoralization, the disengagement from previous patterns of lifestyle and adaptation, the necessity of dealing with deep grief associated with the loss of partner and the subsequent revision of one's own psychological and social identity, and reorganization and re-engagement into a functional social world.

Factors related to adjustment include the social and sex-typed roles assumed by both partners during life, age of bereavement, issues of health and income, types of disruption of the survivor's lifestyle and perceived security, amount and kind of education, relative viability of coping strategies, the amount of nuclearization or extension of the family structure, presence or absence of auxillary support structures, whether the spouse's death was the result of an acute or chronic condition, whether the death was induced by natural or violent causes, social variables such as socioeconomic status and ethnic and cultural indentification, and the subjective evaluation of the meaningfulness of the survivor's own life.

Discussion

The importance of level of cognitive development on children's attitudes toward death was not as clearly pronounced as previous research would indicate. A wide range of types of responses was present within the relatively restricted subject pool. Although level of cognitive development clearly established some parameters of understanding, the underlying process of cognitive evaluation and speculation was strongly influenced by factors such as experience with death events and amount of social or religious instruction. Younger children's responses included reference to qualities of the death experience as reversible, animistic, and possibly involving reincarnation, although many had developed a realistic conceptualization. None reported that they would not die. Younger children also reported a greater range of possibilities for a potential afterlife.

Adolescents demonstrated more understanding of the relation of human life to planetary ecology. They were more concerned about the impact of death on individual psychology and on family and social relationships. Although a few subjects demonstrated a lack of information or awareness of the biological correlates of death, most had an adult concept of death along with varying amounts of reported anxiety regarding contemplation of their own death. The views of possible afterlife reflected a socialization into traditional adult or religious form.

For adults, the data suggest that environmental factors such as socialization, historical generational differences, and experiential factors are more important than age or gender in the formulation of death concerns. Results show that subjects reported no overt death anxiety systematically related to aging or projected nearness to death. The findings did seem to indicate an ambiguous attitude towards death in adults, regardless of age, that is maintained across the life span. This ambiguity regarding death anxiety may be reflected in the variability with which adults deal with questions of life and death, and handle their own imminent death or that of a loved one.

Some continuities in attitudes as compared with previous research were noted. For instance, the orientation toward death item detected little overt death anxiety among the respondents although the items measuring the desire to die in old age, the wish to never die, the choice to not know the probable date of one's death, and the hope for an afterlife of some sort may indicate covert anxiety. Other similarities include the relatively high percentage of subjects who believe in an afterlife. The nature of such an afterlife was described in predominantly Christian terms as a heaven and hell, although many incorperate belief in some form of reincarnation, doubt the possibility of afterlife, or are convinced there is no afterlife.

Results indicated that chronological age when conceptualized as "nearness to death" played no significant role in death fear or death attitudes. Those subjects who were older had no more reported anxiety than younger individuals. Although age was an anticipated factor in the formation of death attitudes in an earlier study using a similar

questionnaire (Shneidman, 1970), many other researchers reported finding that age per se' was not significantly or consistently associated with death fears and concerns (Jeffers, Nichols, and Eisendorfer, 1961; Kastenbaum and Costa, 1977; Pollak, 1980; Swenson, 1961; Templer, 1971; Templer, Ruff, and Franks, 1971).

Some generational or historical time differences in the death attitudes were apparent. For example, religion played a stronger role in formation of death attitudes for young adults and elderly subjects. The older cohorts were more similar to the younger cohorts than to the middle-aged ones in some of their attitudes, possibly indicating a relationship between cohort experiential factors and death concerns.

Gender differences collapsed across the lifespan indicated that females tend to have a more highly developed belief in some sort of afterlife than do males. However, more specific age and gender comparisons suggest that the social and psychological issues related to longevity are of importance to the survivor. Widows and widowers who had prepared for the eventuality through the development of individual survival skills, psychological coping strategies and extended social networks of support reported less distress than unprepared subjects in the transition period following death of a spouse.

In summary, results revealed that children's attitudes toward death were influenced by variables such as level of cognitive development, experience with death, socialization, and instruction. Attitudes of adults were influenced by variables such as gender differences, environmental differences, generational differences,

experience with death, aging, and interaction effects. While aging or maturation alone appear systematically unrelated to overt death anxiety, adults did seem to maintain an ambiguous attitude regarding death throughout the lifespan.

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Appendix 1: Adult subject demographic information.

Racial-ethnic identification:
97%...Caucasion.
2%....Negro.
1%....Puerto Rican.

The majority were from families with 2 to 4 siblings.

Marital status:
42%...married.
30%...single.
10%...remarried.

Religious background:
48%...Protestant.
33%...Roman Catholic.
6%....Jewish.

Political identification:
37%...Republican.
27%...Independent.
26%...Democrat.

The majority described their political views as moderate.

Education:
30%...some college education.
22%...high school graduates.
14%...had completed some graduate school.
10%...had finished grade school.
10%...college graduates.

Approximate family income:
35%...$25000 to $50000.
20%...$15000 to $25000.
14%...$10000 to $15000.
10%...in excess of $50000.

Living arrangements:
Subjects were primarily from the Mid-Atlantic and New England region, living in communities with populations under 50000. Most were living with their own families; the college students lived in a dormitory, apartment, or shared dwelling. Fourteen percent lived alone.